WAUS	ΔV	MANOR	
3107	WE	ESTHILL	DR

WAUSAU	54401	Phone: (715) 842-0575		Ownership:	Corporation		
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled		
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes		
Number of Beds	Set Up and St	affed (12/31/04):	60	Title 18 (Medicare) Certified?	Yes		
Total Licensed	Bed Capacity	(12/31/04):	60	Title 19 (Medicaid) Certified?	Yes		
Number of Resi	dents on 12/31	/04:	54	Average Daily Census:	55		

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	50.0		
Supp. Home Care-Personal Care	No					1 - 4 Years	22.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years	27.8		
Day Services	No	Mental Illness (Org./Psy)	38.9	65 - 74	1.9				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29.6		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.4	********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over 7.4		Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	9.3		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	7.4	65 & Over	96.3				
Transportation	No	Cerebrovascular	7.4			RNs	22.8		
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	5.3		
Other Services	No	Respiratory	1.9			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	31.5	Male	27.8	Aides, & Orderlies	64.7		
Mentally Ill	No			Female	72.2				
Provide Day Programming for			100.0	İ		İ			
Developmentally Disabled	No			İ	100.0	İ			

Method of Reimbursement

		Medicare 'itle 18			Other			1	Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	1	5.3	149	0	0.0	0	1	4.2	196	0	0.0	0	0	0.0	0	2	3.7
Skilled Care	11	100.0	310	18	94.7	128	0	0.0	0	23	95.8	196	0	0.0	0	0	0.0	0	52	96.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		19	100.0		0	0.0		24	100.0		0	0.0		0	0.0		54	100.0

************************************ Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 Deaths During Reporting Period % Needing Total % Percent Admissions from: Activities of Assistance of % Totally Number of Private Home/No Home Health 5.2 Daily Living (ADL) Independent One Or Two Staff Dependent Residents Private Home/With Home Health Bathing 0.0 88.9 11.1 54 0.0 Dressing 5.6
Transferring 18.5
Toilet Use 83.3 Other Nursing Homes 3.9 11.1 27.8 89.5 İ 53.7 54 Acute Care Hospitals Psych. Hosp.-MR/DD Facilities 0.0 48.1 25.9 54 9.3 18.5 Rehabilitation Hospitals 0.0 Eating 72.2 54 Other Locations Total Number of Admissions 153 Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter 3.7 Receiving Respiratory Care 5.6 37.8 Private Home/No Home Health Occ/Freq. Incontinent of Bladder 46.3 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 21.2 Occ/Freq. Incontinent of Bowel Receiving Suctioning 31.5 0.0 Other Nursing Homes 0.0 Receiving Ostomy Care 3.7 Receiving Tube Feeding 10.9 İ Acute Care Hospitals Mobility 7.4 Physically Restrained 0.0 Psych. Hosp.-MR/DD Facilities 0.0 Receiving Mechanically Altered Diets 16.7 Rehabilitation Hospitals 0.0 17.3 İ Skin Care Other Locations Other Resident Characteristics 5.6

1.9

Have Advance Directives

Receiving Psychoactive Drugs

Medications

75.9

59.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

12.8 | With Pressure Sores

156 Ì

With Rashes

Deaths

Total Number of Discharges (Including Deaths)

************************************ Bed Size: Ownership: Licensure: 50-99 This Proprietary Skilled A11 Peer Group Peer Group Facilities Facility Peer Group 용 Ratio % Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 91.7 88.5 1.04 89.0 1.03 90.5 1.01 88.8 1.03 Current Residents from In-County 88.9 80.0 1.11 81.8 1.09 82.4 1.08 77.4 1.15 Admissions from In-County, Still Residing 16.3 19.0 0.86 20.0 19.4 0.84 17.8 0.92 0.82 Admissions/Average Daily Census 146.5 1.90 278.2 161.4 1.72 184.7 1.51 156.2 1.78 Discharges/Average Daily Census 283.6 188.6 1.50 163.4 1.74 158.4 1.79 148.0 1.92 Discharges To Private Residence/Average Daily Census 167.3 86.2 1.94 78.6 2.13 72.4 2.31 66.9 2.50 Residents Receiving Skilled Care 100 95.3 1.05 95.5 1.05 94.7 1.06 89.9 1.11 87.9 1.10 Residents Aged 65 and Older 96.3 92.4 1.04 93.7 1.03 91.8 1.05 66.1 0.53 Title 19 (Medicaid) Funded Residents 35.2 62.9 0.56 60.6 0.58 62.7 0.56 Private Pay Funded Residents 44.4 20.3 2.19 26.1 1.70 23.3 1.91 20.6 2.16 Developmentally Disabled Residents 0.0 0.9 0.00 1.0 0.00 1.1 0.00 6.0 0.00 Mentally Ill Residents 38.9 31.7 1.23 34.4 1.13 37.3 1.04 33.6 1.16 21.1 1.49 General Medical Service Residents 31.5 21.2 1.49 22.5 1.40 20.4 1.54 48.8 Impaired ADL (Mean) 47.8 48.6 0.98 48.3 0.99 0.98 49.4 0.97 Psychological Problems 59.3 56.4 1.05 60.5 0.98 59.4 1.00 57.7 1.03 Nursing Care Required (Mean) 5.1 6.7 0.76 6.8 0.74 6.9 0.74 7.4 0.69